



STATE OF COLORADO FALLEN SERVICE MEMBER LICENSE PLATE APPLICATION

Name of Applicant		
Name if Different from Above (Maiden, Legal Change, Adoption, etc.) Please Supply Supporting Documentation		
Registration Address		
City	State	ZIP
Daytime Phone Number	FAX Number	
County Where Vehicle(s) Will Be Registered (applications without County supplied below will be rejected)		
<p>To be authorized to receive the Fallen Service Member License Plate the following criteria must be met in accordance with Colorado Revised Statute 42-3-213:</p> <p><input type="checkbox"/> Service Member Qualifications</p> <ul style="list-style-type: none">- Proof must be supplied that the service member died in the line of duty while serving in the armed forces and deployed to a combat zone.- Acceptable proof is members DD-214, Service Record, officially issued documents, death certificates etc. <p><input type="checkbox"/> Applicant Qualification</p> <ul style="list-style-type: none">- Applicant must provide documentation that they are the current or past spouse, child, sibling, grandparent, or parent of the service member.- Acceptable documentation is birth/death certificates, census records, historical archives, military records, etc. <p>** Please note that <u>originals should not be submitted</u>, please copy all documentation. Copies will be used for certification and verification purposes only.</p> <p>All documents supplied will be returned if your application is denied. No copies of the documentation will be retained by the State of Colorado.</p>		
SERVICE MEMBER INFORMATION		
Name of Service Member	Branch of Service	
Combat Zone/Conflict in which member died in the line of duty while serving in the armed forces		
Relationship to Applicant		
Fallen Service Member License Plate Request Information (<i>PERSONALIZATION IS NOT ALLOWED</i>) (check only one)		
<input type="checkbox"/> Fallen Air Force (<i>Airman</i>) <input type="checkbox"/> Fallen Army (<i>Soldier</i>) <input type="checkbox"/> Fallen Coast Guard (<i>Guardsman</i>) <input type="checkbox"/> Fallen Marines (<i>Marine</i>) <input type="checkbox"/> Fallen Navy (<i>Sailor</i>)		
Plate Type Requested (<i>check all that apply</i>)		
<input type="checkbox"/> Passenger (<i>can be registered to Passenger Cars, Light Truck, Rec. Truck, Farm Truck, Unladen Truck Tractor, under 16,000 lbs., or Motor Homes</i>)		
<input type="checkbox"/> Motorcycle		
Number of Plates Requested (<i>applicant's name must be listed on any registration that is plated with Fallen Service Member License Plates</i>)		
Passenger Plate Quantity Requested _____ Motorcycle Plate Quantity Requested _____		
SUBMIT THIS APPLICATION AND DOCUMENTATION TO ONE OF THE FOLLOWING (<i>please allow 12-15 weeks from submission to receive your approval/denial</i>)		
<i>Fax To:</i> (303) 205-5839	<i>Physical Address:</i> Colorado Department of Revenue Motor Vehicle Registrations 1881 Pierce St. Lakewood, CO 80214	<i>Mailing Address:</i> Colorado Department of Revenue Motor Vehicle Registrations Denver, CO 80261-0016
STATE USE ONLY		
Application Received Date		
APPROVAL FOR ISSUANCE OF ABOVE REQUESTED FALLEN SERVICE MEMBERS LICENSE PLATES		
If approved, a billing and instructions letter will be mailed to the applicant. After payment of state collected fees; plates will be mailed to your county motor vehicle office. The County will contact you to come in to be issued the plates and regular taxes and fees will be assessed.		
Approved License Plate Number(s) Assigned		